## PART B - FEE(S) TRANSMITTAL

ENT 8	or Fav				Commissi P.O. Box Alexandri	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885			
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications.								
	CI IRRUNIT CORRESPONDENCE ADDRESS AND								
					Fee(s) Transr	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	24062 7590 09/19/2005				papers. Each have its own	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	CAMORIANO & ASSOCIATES					Co	rifforts of Mailing on Two		
	8225 SHELBYVILLE ROAD				I hereby certi	I hereby certify that this Fee(s) Transmittal is being deposited with the United			
LOUISVILLE, KY 40222 16/2005 HDEMESS2 00000008 10600204						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
:250	1	700.00 DP			CAROL		DAUGHERTY	(Depositor's name)	
:150	300.00 <u>D</u> P				Caroli	ml	ausherter	(Signature)	
:800	1			Decen	December 16, 2005 (Date)				
	APPLICATION NO. FILING DATE		FIRST NAMED INVE		D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/600,204 06/20/2003		Wade Sun		unmers		SUM.102	9039	
(	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FE	Œ	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$700		\$300		\$1000	12/19/2005	
ſ	EXAMINER		ART UNIT				1	12/19/2003	
ı	HARAN	<del></del>		CLASS-SUBCLAS		1			
-	1. Change of correspondence address or indication of "Fee Address" (37				156-156000				
3	"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE				ne of a single firm (hay attorney or agent) and d patent attorneys or ag maine will be printed.  (print or type)		es of up to	5A FRITZ CAMOR	
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
	(D) ICENIDENCE:				STWOOD, KY	(CITY and STATE OR COUNTRY)			
D	Please check the appropriate assignee category or categories (will not be printed on the patent):								
	4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):					LE Co	rporation or other private gro	up entity Government	
					ree(s); n the amount of the fee(	(s) is eno	losed		
	Publication Fee (No sa	nall entity discount permitte	d)	Payment l	by credit card, Form PT	it card. Form PTO-2038 is attached.			
_	Advance Order - # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(coclose an extra copy of this form).				
_	a. Applicant claims SM	from status indicated above ALL ENTITY status. See 3	7 CFR 1.27.	b. Applies	nt is no longer claiming	g SMAL	L ENTITY status. See 37 CF	R 1.27(g)(2).	
T N in	he Director of the USPTO i OTE: The Issue Fee and Pu terest as shown by the reco	s requested to apply the Issu- blication Fee (if required) w rds of the United States Pater	Fee and Publicati	ion Fee (if any	) or to re-apply any protect than the applicant	eviously t; a regis	paid issue fee to the applicat tered attorney or agent; or the	ion identified above. e assignee or other party in	
	Authorized Signature	Thursa Co	mona	ÜO	Date	_/	2-16-05		
	Typed or printed name	HERESA FRITZ	CAMORI	ANO	Regis	tration N	10. <u>30.0</u> 38		
Ti an su th Bo Al	nis collection of information application. Confidentiality bruitting the completed applies form and/or suggestions ox 1450, Alexandria, Virgir exandria, Virgir	n is required by 37 CFR 1.31 y is governed by 35 U.S.C. olication form to the USFT for reducing this burdern, sho is 22313-1450. DO NOT S 450.	I. The information 122 and 37 CFR 1 1. Time will vary of ould be sent to the END FEES OR CO	is required to 14. This coll depending upon Chief Information OMPLETED	obtain or retain a bene ection is estimated to the on the individual case. ation Officer, U.S. Pate FORMS TO THIS ADI	fit by the ke 12 m Any con nt and T DRESS.	e public which is to file (and invites to complete, including aments on the amount of tim rademark Office, U.S. Depar SEND TO: Commissioner for	by the USPTO to process) gathering, preparing, and e you require to complete finent of Commerce, P.O. or Patents, P.O. Box 1450,	
	ion me raherwork Kedheri	on Act of 1995, no persons a	ere required to resp	ond to a colle	ction of information un	less it di	splays a valid OMB control r	umber.	
יים	Y) I . 25 /D ^~/0.51 4							-	
rı	OL-OJ (KEV. U//US) Appro	oved for use through 04/30/2	007.	OMB 0651	-0033 U.S. Patent at	nd Trade	mark Office; U.S. DEPARTI	MENT OF COMMERCE	